AMENDMENT TRANSMITTAL LETTER					Docket 31641800
Applicatio 09/738,169-C		_	Date r 14, 2000	Examiner S. E. Chencins	P
		Decembe	r 14, 2000	S. E. Olichonia	
Applicant(s): Ani	rudha Phatak		<u>-</u>		
Invention: METH	OD AND SYST	EM FOR CO	NDUCTING A	N AUCTION FOR R	
	TC	THE COMP	ISSIONER FO	OR PATENTS	
Transmitted here					
The fee has been	n calculated and				
	Claims	CLAII Highest	VIS AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	25	- 23 =		x \$18.00	\$36
Independent Claims	4	- 4 =	0	x 86.00	(
Multiple Depend	dent Claims (che	eck if applicat	ole)		
TOTAL ADDIT	IONAL FEE FC	OR THIS AM	ENDMENT:		\$36
x Large Entity	/			Small Entity	\$30
x Large Entity No additions	/ al fee is require	d for this am		Small Entity	\$3 <sub>'</sub>
x Large Entity No additional	/	od for this amo	endment. iı	Small Entity	\$30
x Large Entity No additions Please char A duplicate	/ al fee is require rge Deposit Acc	ed for this ame count No. eet is enclose	endment. il ed.		·
x Large Entity No additions Please char A duplicate  X A check in t	/ al fee is required rge Deposit Acc copy of this she	ed for this ame count No. eet is enclose 36.00	endment. ed. to cover	n the amount of \$ _	
x Large Entity No additional Please char A duplicate  x A check in t Payment by x The Directo	al fee is required rge Deposit Acc copy of this she the amount of \$ or credit card. Fo	ed for this ame count No. eet is enclose 36.00 orm PTO-203	endment. ind. to cover is is attached. arge and credit	n the amount of \$ _ the filing fee is enclo Deposit Account No	osed.
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x Large Entity No additional Please char A duplicate  x A check in t Payment by  x The Directo as described	al fee is required rge Deposit Acc copy of this she the amount of \$00 credit card. For is hereby authed below. A dupany overpayment	ed for this ame count No. eet is enclose 36.00 form PTO-203 norized to cha olicate copy ont.	endment.  id. to cover is is attached. arge and credit	n the amount of \$ _ the filing fee is enclo Deposit Account No	osed. o50-066
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x Large Entity No additional Please char A duplicate  x A check in t Payment by  x The Directo as described x Credit at x Charge Do Te Kim Attorney Reg. I	al fee is required rge Deposit Accopy of this she the amount of \$ credit card. For is hereby author do below. A dupany overpayment any additional fill No.: 46,231	ed for this ame count No. eet is enclose 36.00 form PTO-203 norized to cha olicate copy ont.	endment.  id. to cover is is attached. arge and credit	n the amount of \$ the filing fee is enclosed.  fees required under 3	osed. o. 50-066
x Large Entity No additional Please char A duplicate  x A check in t Payment by  x The Directo as described x Credit at x Charge Do Te Kim Attorney Reg. I PERKINS COIL P.O. Box 1247	al fee is required rige Deposit Accopy of this she the amount of \$ 10 credit card. For is hereby author discover below. A dupt any overpayment any additional filling.  No.: 46,231  E LLP  Ington 98111-12	ed for this ame count No. eet is enclose 36.00 form PTO-203 norized to cha blicate copy ont. ing or applicat	endment.  id. to cover is is attached. arge and credit	n the amount of \$ the filing fee is enclosed.  fees required under 3	osed. o. 50-066